100. USUAL OCCUPATION (Give kind of work done during major) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and active or country) 12. CITIZEN OF WHAT, COUNTRY 12. CITIZEN OF WHAT, COUNTRY 12. CITIZEN OF WHAT, COUNTRY 13. MATCH MAJOR 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF WHAT COUNTRY 18. CAUSE OF WHAT COUNTRY 19. WAS AUTOPSY 1		THE DIVISION OF HEA	LTH OF MISSOURI	150 0 -	. •
Registration District No. 35.7. Primary Registration District No. 68.9.1. Registrate's No. 42. 1. PLACE OF DEATH 2. USUAR RESIDENCE (Phase deceased lived. If institutions: Residence below on country) b. CITY (If ourside corporate limits, dive TOWNSHIP only) b. CITY (If ourside corporate limits, dive TOWNSHIP only) b. CITY (If ourside corporate limits, dive TOWNSHIP only) b. CITY (If ourside corporate limits, dive TOWNSHIP only) b. CITY (If ourside corporate limits, dive TOWNSHIP only) b. CITY (If ourside corporate limits, dive TOWNSHIP only) c. CITY DOWN ALL J. ARE S. J. N. Vest. No. 4. C. CITY DOWN ALL J. ARE S. J. N. Vest. No. 4. C. CITY DOWN ALL J. ARE S. J. N. Vest. No. 4. C. CITY DOWN ALL J. ARE S. J. N. Vest. No. 4. C. CITY DOWN ALL J. CR. S. J. N. Vest. No. 4. A. STREET (If ourside, give location) Control on princip. J. C. COLOR OR ARC. J. MARRIED D. N. N. ARE S. J. N. N. N. ARE S. J. N.		STANDARD CERTIFI	CATE OF DEATH	'5 <u>{ (</u>	2.8 1
1. PLACE OF DEATH a. COUNTY BREY b. CITY (If outside corporate limits, dive TOWNSHIP endy) OR ALICAL PROPERTY (If outside corporate limits, dive TOWNSHIP endy) OR ALICAL PROPERTY (If outside corporate limits, dive TOWNSHIP endy) OR ALICAL PROPERTY TOWN ALICAL PROPERTY (If outside corporate limits, dive TOWNSHIP endy) OR ALICAL PROPERTY (If outside corporate limits, dive TOWNSHIP endy) OR ALICAL PROPERTY (If outside corporate limits, dive TOWNSHIP endy) OR ALICAL PROPERTY (If outside, give location) Inside L Mair PROPERTY (If outside, give location) INSTITUTION (In OTT. Indian) INSTITUTION (In OTT. Indian) INSTITUTION (In OTT. Indian) INSTITUTION (In OTT. Indian) IN AMERICAN (In OTT. Indian) IN AMERIC		trict No. 357. Prin	nary Registration District No.		
COUNTY B. CITY (II ovariate corporate limits, ever TOWNSHIP only) Inside Limits TOWN Littled Faces 4th Yeal Note TOWN Little Faces 4th Yeal Note HOSPITAL OR DOWN LITTLE FACE (City and active or compt) I.E. CHIEF OR MAKE OR DOWN LITTLE FACE (City and active or compt) I.E. CHIEF OR MAKE 11. MOTHER'S MAIOCH NAME I.E. CAUSE OF DEATH LITTLE FOR DOWN LITTLE FACE (City and active or compt) I.E. CHIEF OR MAKE 11. MOTHER'S MAIOCH NAME I.E. CAUSE OF DEATH WAS CAUSED BY PART I. OPERS SIGNIFICATI CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICC) PART II. OPERS SIGNIFICATI CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICC) PART II. OTHER SIGNIFICATI CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICC) PART II. OTHER SIGNIFICATI CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICC) PART II. OTHER SIGNIFICATI CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICC) PART II. OTHER SIGNIFICATI CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICC) PART II. OTHER SIGNIFICATI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICC) PART II. OTHER SIGNIFICATI CO	1. PLACE OF DEATH			· · · · · · · · · · · · · · · · · · ·	on: Residence before /
OR PLEAS THE CONTROL THOUSAND TO TOWN AND THE STATE OF THE SIGNATURE OF STORY OF STORY OF THE SIGNATURE OF STORY OF			a. STATE Miss	ou e i b. COUNTY	
TOWN ALL THE STATE TOWN TOWN ARE DESCRIBED TO THE TERMINAL DISEASE CORDITION GIVEN IN PART 16. C. FULL THANK OF GITH NOT INSTITUTION DO TO ESCRIBE HOW INJURY OCCURRED. DIVORCED TO THE GRAVE OF BEATH AS CORDITION GIVEN IN PART 16. A STREET ADDRESS RUGAL FOR SIGNAL TOWN ADDRESS RUGAL FOR SIGNAL TOWN IN PART 16. ADDRESS RUGAL FOR SIGNAL TOWN ADDRESS RUGAL FOR SIGNAL TO THE TERMINAL DISEASE CORDITION GIVEN IN PART 16. A STREET ADDRESS RUGAL FOR SIGNAL TOWN IN THE PART 16. DATE OF BEATH AS CONSIDERATE OF BEATH ADDRESS RUGAL FOR SIGNAL TO THE TERMINAL DISEASE CORDITION GIVEN IN PART 16. A STREET ADDRESS RUGAL FOR SIGNAL TOWN IN PART 16. A STREET ADDRESS RUGAL FOR SIGNAL TOWN IN THE PART 16.		. 1	OR -		
HISTITUTION POR FOES, the YEAR MILLIAN OF PORT Year ADDRESS Ruled To Sight Year No. 10 NAME OF DEFENSION The port of	TOWN /wrat to	~ 9 7 7 6	TOWN KARA		
3. MANK OF DEATH WILDOWN PITCH DECEMBER OF PITCH MIGGINE DECEMBER OF PITCH DECEMBER OF	HOSPITAL OR 1	انست مافد	d. STREET ADDRESS Ruce	(If outside, give locations of the control of the c	n) Reside on Farm Yes 12 No□
MINISTREED NOTE OF DISTRICT SUCCESSION STATE SOCIAL SECURITY NO. 17 STATE STATE SOCIAL SECURITY NO. 17 STATE SOCIAL SECURITY NO. 18 SOCIAL SECURITY NO. 17 STATE SOCIAL SECURITY NO. 18 SOCIAL SECURITY NO. 17 STATE SOCIAL SECURITY NO. 18 SOCIAL SECURITY NO. 17 STATE SOCIAL SECURITY NO. 18 SOCIAL SECURITY NO. 17 STATE SOCIAL SECURITY NO. 18 SOCIAL SECURITY NO. 17 STATE SOCIAL SECURITY NO. 18 SOCIAL	DECEASED /	Belle		4. DATE Month OF DEATH UNC	14,1957
100. USIAL OCCUPATION (Clier kind of your done) 101. WINTED ACTIVETY 102. SURVEY'S NAME 113. PAYNEY'S NAME 114. MOTHER'S MAIDEN NAME 115. WAS DECEASED EVER IN U. S. ARNEED FORCES! 116. SOCIAL SECURITY NO. 17. INTERMANT 117. INTERMANT 118. CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c).] PART I. DEATH WAS CAUSE OBY: INMEDIATE CAUSE (a) 118. CONDITIONAL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 120. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 120. TIME OF HOUR MONTAL DAY, Year 121. Lattended the deceased from 122. AUGUST OF CHARLED AND CONTRIBUTINE TO DEATH SUT OR CREMATORY 122. SUGNATURE 123. BUTHAL CREMATORY 124. Lattended the deceased from 125. DATE RECO. BY LOCAL REC. 126. RIGHT AND COURSES 127. PART SUCCESS 128. BUTHAL CREATORY 129. BUTHAL CREATORY 120. ADDRESS 120. ADDRESS 120. ADDRESS 121. Lattended the deceased from 122. PART SUCCESS 123. RIGHT OR CREMATORY 124. DATE SUCCESS 125. RIGHT OR CREMATORY 126. DATE SUCCESS 127. PART SUCCESS 128. BUTHAL CREATORY 129. DATE SUCCESS 120. ADDRESS 120. ADDRESS 120. ADDRESS 121. CREMATORY 122. RANGE OF CEMETERY OR CREMATORY 123. DATE RECO. BY LOCAL REC. 124. PARE RECO. BY LOCAL REC. 125. RIGHT OR PART SUCCESS 126. RIGHT OR PART SUCCESS 127. PARE SUCCESS 128. RIGHT OR CREMATORY 129. DATE SUCCESS 120. ADDRESS 120. ADDRESS 120. ADDRESS 120. ADDRESS 121. PARE RECO. BY LOCAL REC. 122. RIGHT OR PART SUCCESS 123. RIGHT OR PART SUCCESS 124. PARE RECO. BY LOCAL REC. 125. RIGHT OR PART SUCCESS 126. RIGHT OR PART SUCCESS 127. PARE RECO. BY LOCAL REC. 128. RIGHT OR PART SUCCESS 129. RIGHT OR PART SUCCESS 129. RIGHT OR PART SUCCESS 129. RIGHT OR PART SUCCESS 120. RIGHT OR PART SUCCESS 120. RIGHT OR PART SUCCESS 121. RIGHT OR PART SUCCESS 122. RIGHT OR PART SUCCESS 123. RIGHT OR PART SUCCESS 124. RIGHT OR PART SUCCESS 125. RIGHT OR PART SUCCESS 126. RIGHT OR PART SUCC	5. SEX 6. COLOR OR RACE 7.	A SANGED WARRIED	100.		
AS DECEASED EVER IN U. S. ARMED FORCES? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IMPERATANT 18. CALUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 19. WAS AUTOPSY PART II. OTHER SIGNERANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of them 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem 18.) 20. AND OF HOUR AT WORK 21. A STATEMENT OF HOUR OF HOUR OF INJURY (e. p., in or about home, 10.) 22. A STATEMENT OF HOUR OF HOUR OF INJURY (e. p., in or about home, 10.) 23. BURLAL OF HOUR OF HOUR OF HOUR OF INJURY (e. p., in or about home, 20.) 24. A STATEMENT OF HOUR OF HOUR OF INJURY (e. p., in or about home, 20.) 25. ADDRESS 26. ADDRESS 27. ADDRESS 28. BURLAL CREARATION, 10. 28. BURLAL CREARATION, 10. 29. BURLAL CREARATION, 10. 29. BURLAL CREARATION, 10. 20. DATE SIGNED 20. ADDRESS 20. ADDRESS 20. DATE RECORD BY LOCAL REG. 20. ADDRESS 20. ADDRESS 20. DATE REG. BY LOCAL REG. 26. REGISTRAN S SIGNIFORN 27. ADDRESS 28. BURLAL CREARATION, 10. 29. BURLAL CREARATION, 10. 20. DATE REG. BY LOCAL REG. 21. DATE REG. BY LOCAL REG. 22. ADDRESS 23. BURLAL CREATION, 10. 24. ADDRESS 25. DATE REG. BY LOCAL REG. 26. REGISTRAN S SIGNIFORN 27. ADDRESS 28. BURLAL CREATION, 10. 29. BURLAL CREATION, 10. 29. BURLAL CREATION, 10. 20. DATE REG. BY LOCA	Oa. USUAL OCCUPATION (Give kind of work done 10			or country) 12. CITIZE	N OF WHAT, COUNTRY?
13. MAS DECRASE EVER IN U. S. ARMED FORCES: 16. SOCIAL SECURITY NO. 17. INTERMANT Address Addres	during morens working life, even if retired)	retuil	Kann	1 1	1.5. A
18. CAUSE OF DEATH Enter only one cause per line far (a), (b), and (c).		1	4. MOTHER'S MAIDEN NAME	()· ·	1
18. CAUSE OF DEATH Enter only one cause per line for (a), (b). and (c).	Suns Mean	16 social security and	ynika	- Aeni	1
B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY Conditions, if any, which goes rise of the part of the property of the part of the property of the part of th	(Yes, no, or unknown) (If yes, give war or dates of service	(e) None	Ras I In	Lito. 4	A Du
Conditions, if any, which gare risg to above cause (a). NOTION TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONTRIBUTIONS CON		per line for (a), (b), and (c).]		1	
which gate rist to above cause (a), stating the underlying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II. (a) PART II. OTHER SIGNIFICANT GONTRIBUT II. (a) PART II. OTHER SIGNIFICANT III. (a) PART II. OTHER SIGNIFICANT III. (a) PART II. OTHER SIGNIFICANT III. (a) PA		· Carona	on Throng	hani !	ONSET AND BEATH
which gate rist to above cause (a), stating the underlying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II. (a) PART II. OTHER SIGNIFICANT GONTRIBUT II. (a) PART II. OTHER SIGNIFICANT III. (a) PART II. OTHER SIGNIFICANT III. (a) PART II. OTHER SIGNIFICANT III. (a) PA				_	
Stating the under- lying cause last. Due to (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT ON PART I I OF PART I	which gave rise to	<u> </u>	Museum	<u> </u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II. OTHER PART II. OTHER II. OTHER II. OTHER II. OTHER III. OTHER II	stating the under-				
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a. m., p. m. 20d. INJURY OCCURRED WHILE AT I NOT WHILE I farm, factory, street, office bidg., etc.) 21. I attended the deceased from Death occurred at month date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE (Degreep tille) 22b. ADDRESS 22c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown. or county) 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE (County STATE Month of the Mo	6	TRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITIO		PERFORMED?
20c. TIME OF Hour Month, Day, Year - INJURY OCCURRED WHILE AT NOT WHILE 20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from	20a. ACCIDENT SUICIDE HOMICIDE 20	6. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part 11 of item 18.)	
20d. INJURY a. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21. I attended the deceased from Death occurred at (Degreery title) 22d. Name of Cemetery or Crematory BENOVAL (Specify) 23d. Location (State) 23d. Location (City, town, or Location COUNTY STATE 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20f. CITY, TOWN, OR LOCATION COUNTY STATE And last saw her disacon County For the causes stated 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d. Location (City, town, or county) (State) 23d. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. By LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 27d. REGISTRAR'S SIGNATURE ADDRESS 27d. REGISTRAR'S SIGNATURE ADDRESS 27d. REGISTRAR'S SIGNATURE 27d. ADDRESS 27d. REGISTRAR'S SIGNATURE 27d. ADDRESS 27d.					
WHILE AT NOT WHILE farm, factory, street, office bldg., etc.) 21. I attended the deceased from G - Y - No	Z 20C. TIME OF Hour Month, Day, Year of the NJURY a.m.			,	· •,
21. I attended the deceased from Death occurred at The property of the pro		F INJURY (e. g., in or about home,	20/. CITY, TOWN, OR LOCATION	N COUNTY	STATE
Death occurred at		ictory, street, office oldg., etc.)		A. A	
22a. SIGNATURE Continue Cont	21. I attended the deceased from	-/Y-17.	6-14-5-7and		6-14-7-
Acle Complete Registre Statistics Mo. 6/24/57 E3a. BURIAL, CREMATION, BENOVAL (Specify) 6/6/57 But Hencul State 24. FYNERY DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 26. FYNERY DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 26. ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 27. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. ADDRESS 26. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 28. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE				est of my knowledge, from	
Burnel 6/16/57 Gark Memeril Brand MV 24. FUNERA DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE WIGHT FOR THE PROPERTY OF THE PROPER	Helew Cansoll	Local Reseits	es Oraiss	ou, Mo.	
With Jouget mo 6/24/57 below Campbell		23c. NAME OF CEMETERY OR CR	EMATORY 23d. LOC	ATION (City, town, or county)	(State)
(Licensed Embalmer's Statement on Reverse Side)	24. FUNERAL DIRECTOR ADDRES	ESS (My) 25. DA	72 RECD. BY LOCAL REG. 26.	REGISTRAR'S SIGNATURE	eloll
	<u>v - v ()</u>	Licensed Embalmer's Stateme	ent on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

working under my personal supervision..

Signature of Student Embalmer

Licensed Embalmer No. 4

P. O. Address forey

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.